


Maternal and Child Health  
Bureau

**MCH Training  
Programs: Faculty and  
Trainee Research on Health  
Disparities and Cultural  
Competence  
September 16, 2003**

Health Resources and Services Administration  
Maternal and Child Health Bureau



Maternal and Child Health  
Bureau

**Presentation For Training  
MCHCOM.COM  
September 16, 2003**

Health Resources And Services Administration  
Maternal And Child Health Bureau

Peter C. Van Dyck, MD, MPH

MCHB

# LEADERSHIP



## MCHB Strategic Plan Mission

- "To provide national leadership and to work, in partnership with states, communities, public-private partners, and families to strengthen the MCH infrastructure, assure the availability and use of medical homes, and build the knowledge and human resources, in order to assure continued improvement in the health, safety and well-being of the MCH population"



## MCHB Strategic Plan Mission

- "The MCH population includes all America's women, infants, children, adolescents and their families, including women of reproductive age, fathers, and children with special health care needs(CSHCN)"



## MCHB Strategic Plan Goals

- Provide National Leadership for Maternal and Child Health by creating a shared vision and goals for MCH, informing the public about MCH needs and issues, modeling new approaches to strengthen MCH, forging strong collaborative partnerships, and fostering a respectful environment that supports creativity, action, and accountability for MCH issues.



## MCHB Strategic Plan Goals

### Maternal and Child Health Bureau

- Eliminate health disparities in health status outcomes, through the removal of economic, social and cultural barriers to receiving comprehensive timely and appropriate health care



## MCHB Strategic Plan Goals

### Maternal and Child Health Bureau

- To assure the highest quality of care through the development of practice guidance, data monitoring, and evaluation tools; the utilization of evidence-based research; and the availability of a well-trained, culturally diverse workforce





## MCHB Strategic Plan Goals

### Maternal and Child Health Bureau

- To facilitate access to care through the development and improvement of the MCH health infrastructure and systems of care to enhance the provision of the necessary coordinated, quality health care

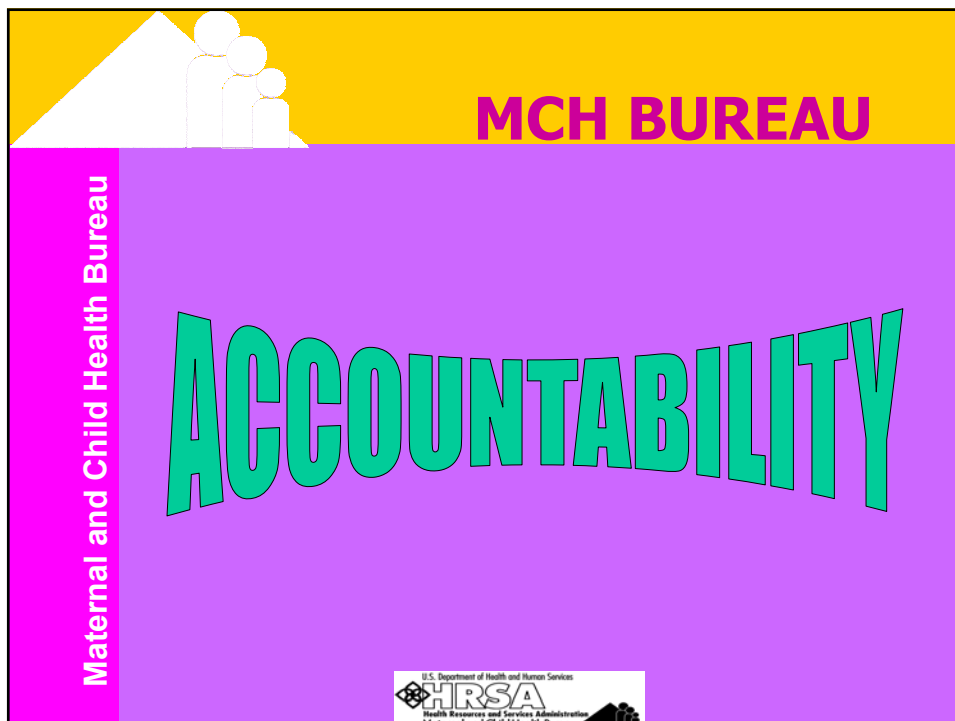
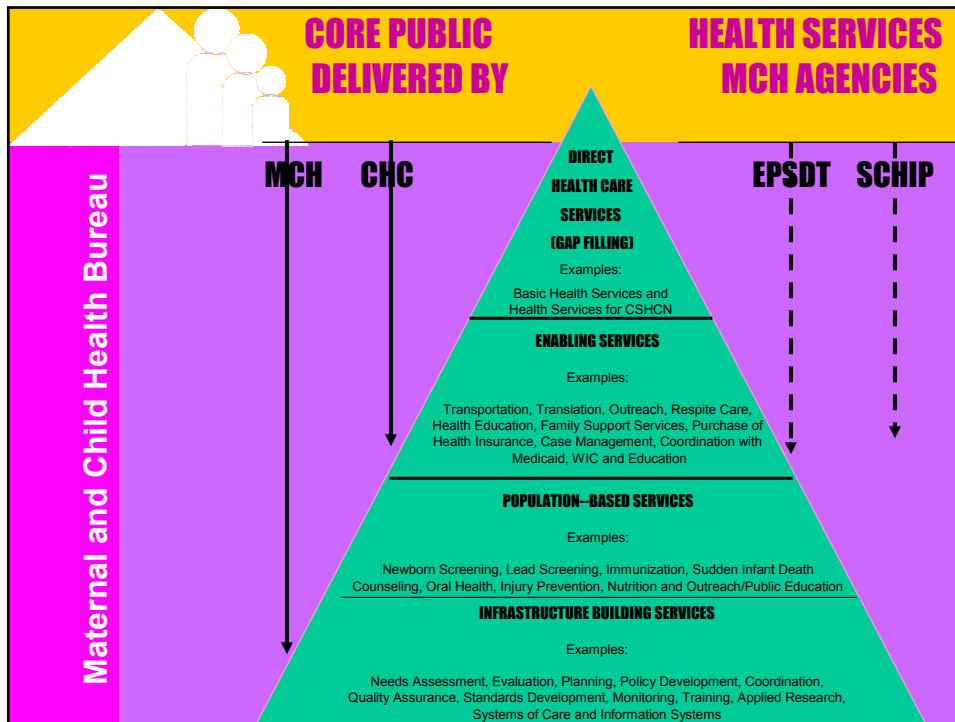


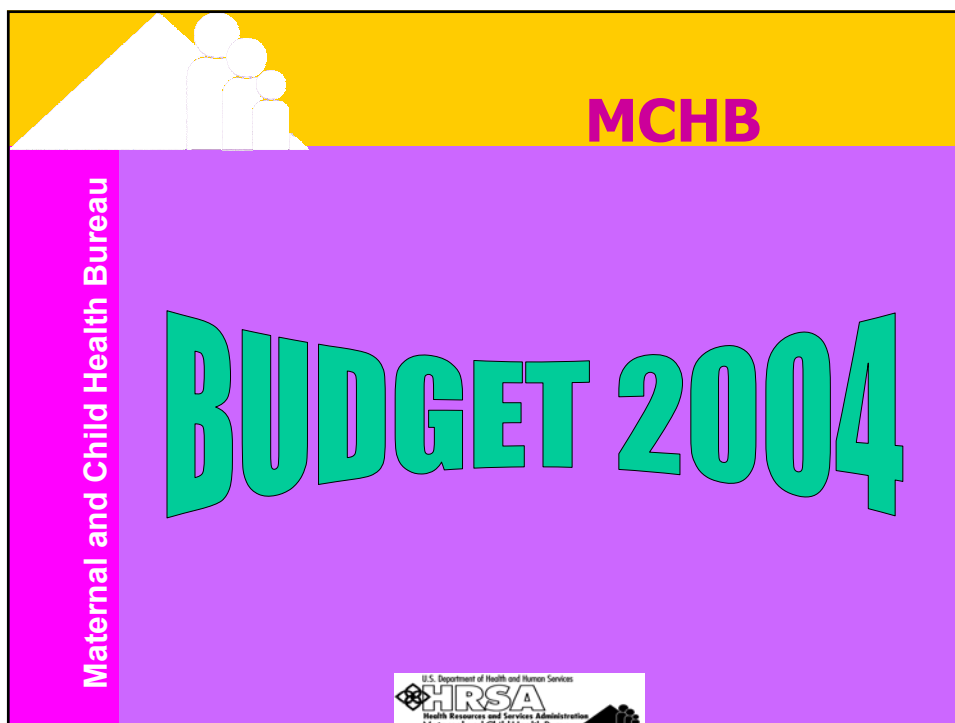
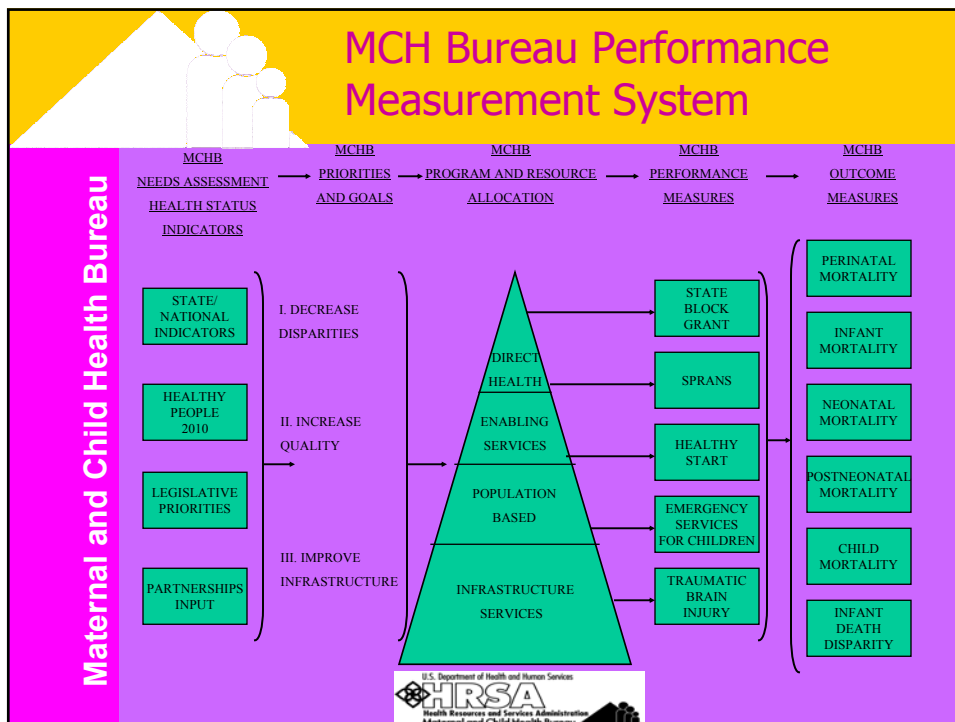
## MCH BUREAU

### Maternal and Child Health Bureau

# PERFORMANCE







## The MCH Budget for 2003 and 2004(millions)

Maternal and Child Health Bureau

FY2003

FY2004(PB)

- MCH Block Grant<sup>1</sup>...\$730.0.....\$750.8
  - State Block Grant.....\$599.0.....\$622.4
  - SPRANS(General).....\$105.7.....\$109.1
  - CISS.....\$ 15.9.....\$ 19.3
  - SPRANS(Earmark).....\$ 9.4.....\$ 0.0



1-numbers will not add due to rounding

## The MCH Budget for 2003 and 2004(millions)

Maternal and Child Health Bureau

FY2003

FY2004(PB)

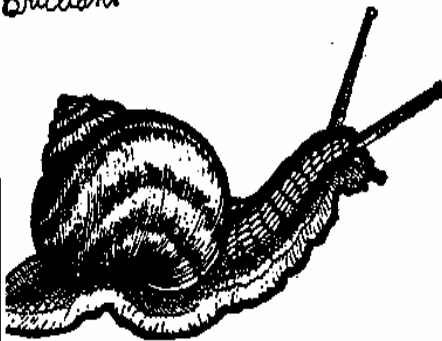
- Healthy Start.....\$ 98.3.....\$ 98.7
- Hearing Screening.....\$ 9.9.....\$ 0.0
- EMSC.....\$ 19.4.....\$ 18.9
- Poison Control Center.....\$ 22.4.....\$ 21.2
- Trauma/EMS.....\$ 3.5 .....\$ 0.0
- AbEd Community.....\$ 54.6.....\$ 73.0
- AbEd State.....\$ 50.0.....\$ 50.0
- Bioterrorism.....\$ 514.6.....\$ 518.1
- Traumatic Brain(TBI)\*.....\$ 9.4.....\$ 7.5





# A SMALL ADVANCE EVERY DAY

*Asklepius  
Brilliant*



**WILL  
EVENTUALLY  
TOTAL**

**MUCH LESS THAN  
A BIG ADVANCE  
EVERY DAY.**

Maternal and Child Health Bureau

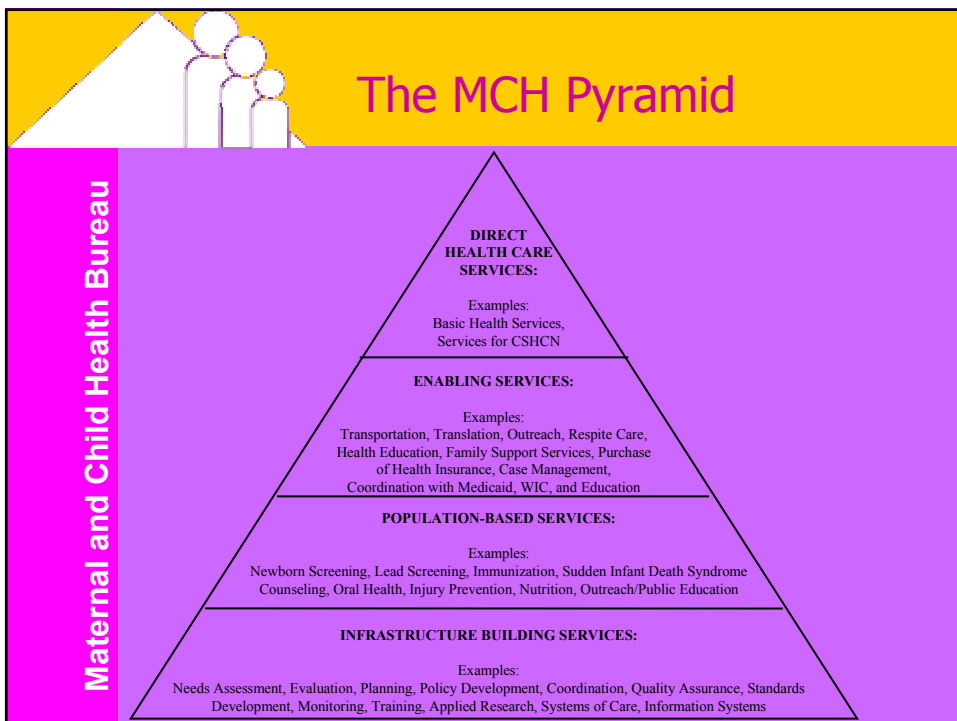
Maternal and Child Health Bureau

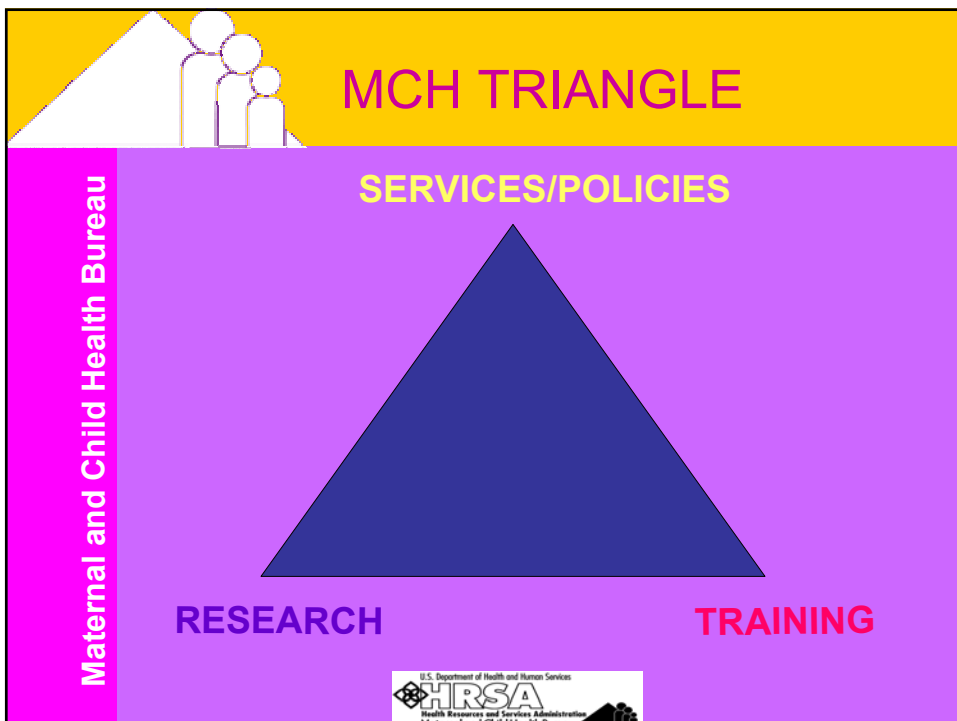
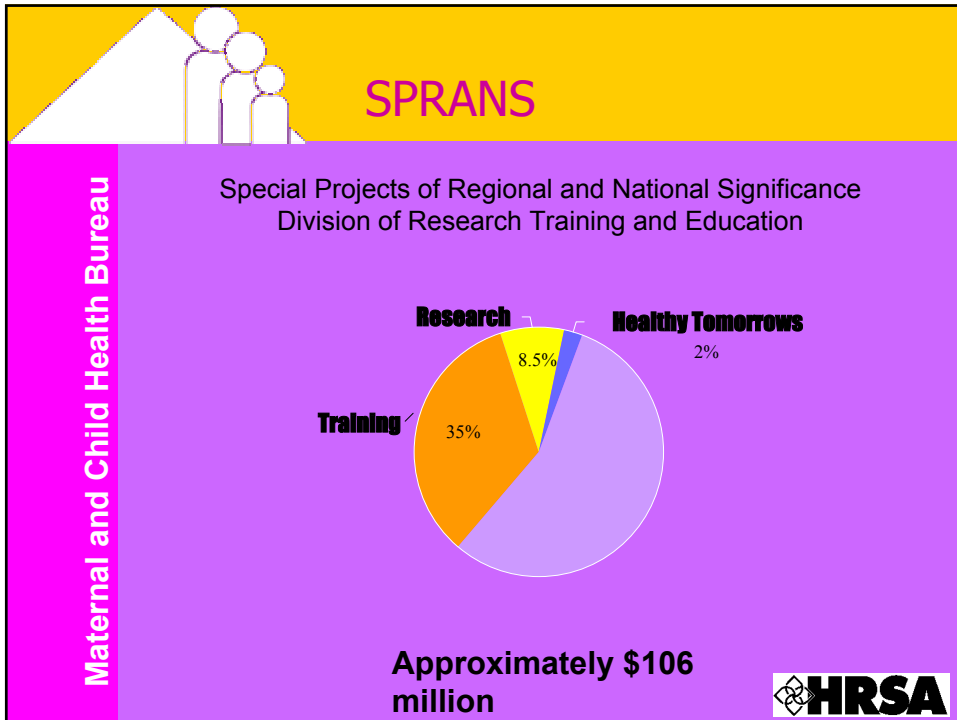
## The MCH Training Program

September 16, 2003

Laura Kavanagh, MPP  
Training Branch Chief  
Division of Research, Training and Education  
MCHB, HRSA











## Training Program Goals

**Maternal and Child Health Bureau**

- **Workforce with knowledge, skills and attitudes to meet MCH population needs**
- **Diverse workforce that is culturally competent and family centered**
- **Develop effective MCH leaders**



## Training Program Goals

**Maternal and Child Health Bureau**

- **Generate, translate and apply new knowledge**
- **Develop national support for and investment in MCH training**
- **Advance interdisciplinary and collaborative training and practice**



## Training for Leadership

Maternal and Child Health Bureau


- Recruitment
- Skills: clinical research, organizational, advocacy
- MCH values and approaches



## Examples of Leadership Activities of Former Trainees

Maternal and Child Health Bureau

- **Publications**
  - Authoring book chapters and journal articles
- **Teaching/Curriculum Development**
  - Developing a training program in MCH for dietitians
  - Establishing a fellowship in developmental and behavioral pediatrics
- **Policy/Advocacy**
  - Developing an interdisciplinary child abuse/neglect team
  - Serving on an advisory group to the State Medicaid program to initiate funding for augmentative/alternative communication devices



## MCH Training Program Profile


**Maternal and Child Health Bureau**

**Annual Budget - \$36.7 million**

**11 categories of long-term training**

**5 categories of continuing education**

**127 Active Projects at 77 universities in 39 States  
and 2 jurisdictions**



## MCH Training Program Profile

**Maternal and Child Health Bureau**

**727 supported trainees in FY 2002**

**557 Predoctoral**

**170 Postdoctoral**

**Faculty**

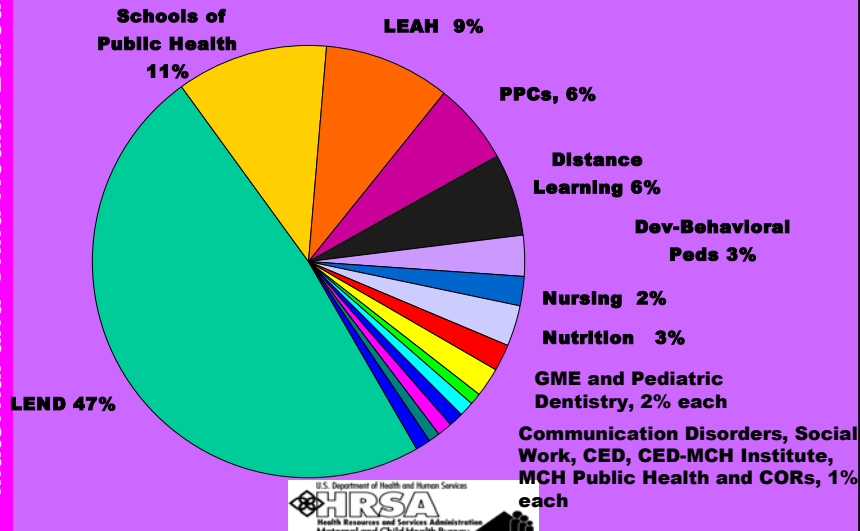
**325.8 supported faculty FTEs**

**at least 65 FTEs in-kind**



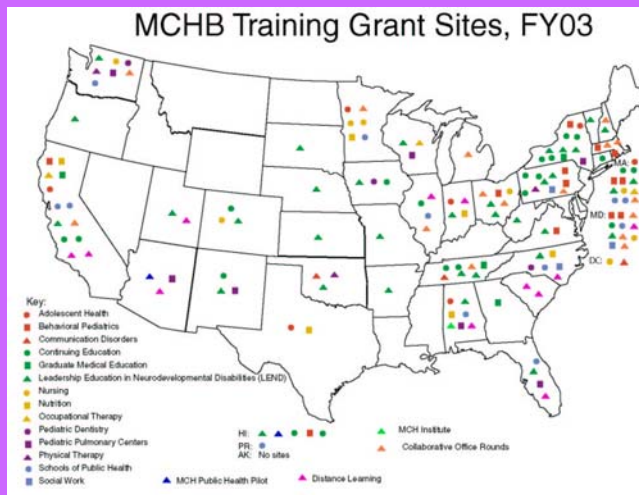
## Allocation of Training Program Funds Among Priorities, FY 2002

Maternal and Child Health Bureau



## Map of MCH Training Grants, FY03

Maternal and Child Health Bureau





## Training Priorities

- Strategic Planning
- Examining Leadership
- Training Web Site
- Cultural Competency/Diversity
- Performance Measures and Administrative Data



## Performance Measures

- The percent of graduates of MCHB long-term training programs that demonstrate field leadership after graduation.
- The percent of participants in MCHB long-term training programs who are from underrepresented groups.



## Performance Measures

- The degree to which MCHB supported programs ensure family participation in program and policy activities.
- The degree to which MCHB long-term training grantees include cultural competency in their curricula/training.



## MCH Training Program Resources

- I hope to meet you during meetings and upcoming site visits
- Please stay in touch [lkavanagh@hrsa.gov](mailto:lkavanagh@hrsa.gov)
- Please respond to future surveys about your experiences



# **The Career Development of a Rochester MCH LEAH Fellow**

**Cheryl Kodjo, MD, MPH**

**University of Rochester  
Division of Adolescent Medicine  
September 16, 2003**

## **Outline**

- **Career trajectory**
- **Research studies**
- **Upcoming research**
- **Future directions**
- **Other activities**

## **MCH Career Trajectory**

- **Albert Einstein College of Medicine**
  - Social Pediatrics
- **University of Rochester**
  - MCH Leadership Education in Adolescent Health (LEAH) Training Grant
  - Hoekelman Minority Fellow Award
  - Ambulatory Pediatrics Association Young Investigator's Award
  - Haggerty-Friedman Psychosocial Fund Scholars Program
  - Strong Children's Research Center Small Grant

## **Secondary Data Set Analyses**

- **Objective:** To determine correlates for receiving psychological counseling.
- **Methods:** Secondary analysis of the National Longitudinal Study of Adolescent Health.
- **Results:**
  - 1 of 5 adolescents received counseling
  - Black adolescents less likely to receive counseling
  - Hispanic adolescents of foreign-born parents less likely to receive counseling

## **Need For MHS<sup>1</sup> Research**

- Racial and ethnic disparities in utilization have implications for health outcomes.
- Secondary data set analyses do not allow in-depth study of how minorities access and utilize MHS.
- Research focusing on how minority adolescents perceive and utilize MHS is needed.

*<sup>1</sup>MHS: Mental health services*

## **Field Studies**

- **Objective:** To determine adolescents' attitudes about MHS.
- **Methods:** Survey and interview of 58 adolescents recruited from hospital-based clinics.
- **Results:**
  - Adolescents identified depressive symptoms and the need for counseling
  - Data indicated racial and ethnic differences in perceptions of health and provider preference

## Ongoing Research

- **In-school studies to recruit a more diverse adolescent population.**
  - Objective: To determine adolescents' attitudes about MHS
  - Methods: Survey and interview of high school students in the Rochester City School District
- **Significance: Better understanding of why minority adolescents who need MHS do not utilize them.**

## Future Directions

- **Intervention and evaluation studies**
  - Inform and educate mental health providers
- **Sources of funding and training:**
  - Robert Wood Johnson Minority Medical Faculty Development Program
  - NIH Career Development Award
  - Health policy and advocacy training

## **Other Activities**

- Research has led to other opportunities.
- Department of Pediatrics' initiative to address minority housestaff recruitment.
  - Revise recruitment material
  - Develop support network for minority housestaff
  - Coordinate cultural competence didactic series
- Collaboration with an urban Community Health Center.

***The Northeast Rochester Youth and Family  
Wellness Project:  
Providing Health Education  
in Community Settings***

**Sheryl Ryan, M.D.  
Department of Pediatrics  
University of Rochester  
Rochester General Hospital**

## *Objectives*

- **Provide a brief background of professional development**
- **Provide background on rationale for project**
- **Describe methodology for providing health education services to adolescents in community-based settings**
  - Challenges
- **Provide data on pretest and preliminary post-test analyses**
- **Discuss next steps of initiative**

## *Background: Professional Development*

- **Fellowship training**
  - UCSF - Clinical and research training in Adolescent Medicine - LEAH program
    - Mentorship - Charles Irwin, Jr. M.D., Susan Millstein, Ph.D.
  - Johns Hopkins Bloomberg School of Public Health - Health policy and health services research
    - Mentorship - Barbara Starfield, M.D., M.P.H.
- **Faculty experience**
  - University of Maryland at Baltimore - LEAH
    - Director of Research
  - University of Rochester - LEAH
    - Director of Training; Director of NCHS Database Repository



## ***Acknowledgements: Northeast Rochester Project***

- **Colleagues:**
  - Todd Miller, Project Coordinator, Health Educator
  - Marilyn Aten, R.N., Ph.D, Evaluator
  - Peggy Auinger, M.S., Data analyst
  - Victor Saunders, Health Educator
  - Peer Educators: Adam Plonczynski, Candace Holmes, Jessica Butler
- **Funders:**
  - MCHB/AAP Healthy Tomorrows Partnerships for Children Project; LEAH
  - Rochester General Hospital Foundation
  - Many local agencies throughout Rochester

## ***Background: Northeast Rochester Community***

- **Northeast quadrant of city of Rochester**
- **Part of “crescent”**
  - Worst health indicators in area
  - Teenage pregnancy rates, birth rates, STI rates - highest in NYS; close relation to poverty
  - Violence - crime and YRBS statistics
  - Obesity - poor nutrition, sedentary behaviors
  - Pronounced disparities compared to other parts of city, Monroe County, and New York State
- **Limited access to health care, health education**

## ***Goals and Objectives of Project***

- **Goal - to improve overall health behaviors in areas of violence and aggression, sexual risk, and lifestyle (exercise and nutrition) by providing health education programs to adolescents in community settings**
  - **Improve knowledge, skills, attitudes, intentions and behaviors in each of these three areas**
  - **Target population - middle school youth and their families in community-based settings**

## ***Methodology***

- **Identify and develop collaborations with community-based agencies providing services to youth and families**
- **Provide programs in three curricula to middle school youth and families, with strong evaluation component**
- **Convene Project Advisory Team, representing broad segments of community to monitor progress and provide feedback**

## ***Methodology: Selected Curricula***

- **Three areas:**
  - Violence Prevention: “Second Step” Program
  - Sexual Risk: RAPP for Youth (Rochester AIDS Prevention Project)
  - Healthy Lifestyles - adaptation of “Don’t Weight”, Heart Power, Dept. of Agriculture programs
- **All used interactive, skills-based sessions**
  - 12-15 weeks, one-hour sessions, groups of 12-15 teens; run by health educators, peer educators
  - Located in community-agency based programs
  - Special workshops for parents

## ***Methodology: Evaluation***

- **Pre-test Survey; Immediate Post-test Survey; One-year follow-up**
- **Measures:**
  - Overall knowledge, skills-based knowledge, attitudes, intentions, self-efficacy, reported behaviors of self/parent - for all three behaviors
  - Each curriculum served as control for other groups
- **Mid-point and end-point “process” satisfaction surveys**

### *Sample Demographics: Total N = 323*

- Programs received
  - Violence 60%
  - Sexual Risk 20%
  - Healthy Lifestyles 20%
- Gender
  - Male 51%
  - Female 49%
- Age
  - Mean 13.2 yrs
  - Range (10-18)
- Race and Ethnicity
  - Black 70%
  - Biracial 13%
  - Latino 11%
  - Native Am. 2%
  - Caucasian 2%
  - Asian 1%
- Household Make-up
  - One parent 65%

### *Results: Pretest*

- Violence Behaviors
  - Carried a weapon in previous year - 28%
  - Physical fights - 65%
  - Knew someone murdered - 60%
- Sexual Risk Behaviors
  - History of sexual intercourse: males 75%; females 26%
  - No discussion with parents about safe sex: males 56%; 44% females
- Healthy Lifestyle Behaviors
  - One or less vegetable yesterday - 80%
  - Exercise three times or less: males 25%; 44% females

## ***Results: Process evaluation***

- **Adolescents**
  - Overall, programs rated very highly
  - Disliked the fact that programs were too short
  - Liked opportunity to “talk about what is really affecting us, what are experience really are”
- **Project Advisory Committee**
  - Representatives from parents, teens, agencies, faith community, business sector, public health
  - Interested in content of programs, results from pretests and post-tests; provided feedback

## ***Results: Preliminary Post-test Data***

- **Violence Prevention**
  - Improved attitudes, intentions, skills knowledge
- **Sexual Risk Reduction**
  - Improved knowledge and attitudes
- **Healthy Lifestyles**
  - Improved attitudes and intentions
- **All programs: pretest scores and attendance in programs strongest predictors**

## *Challenges*

- Building collaborations with community-based agencies
  - Different “cultures” of academic/health care world and human service agencies
  - Need for sensitivity to the issues of the community and agencies; acceptability is a slow process
- Cultural competence necessary
  - Health educators from community, experience with community
  - Critical role of the Project Advisory Committee
- Involving families

## *Next Steps*

- Utilize our collaborative ties to develop further capacity of the community to address the health issues facing community
  - Be responsive to needs of community
  - Provide continued services
  - Develop roles in training and technical assistance
  - Expand presence in other community settings: schools, rural settings, justice

# **Social Capital and HIV Prevention in a Puerto Rican Community: *The Vida SIDA Project***

University of Illinois at Chicago  
School of Public Health  
Maternal and Child Health Program

Funded by the Centers for Disease Control and Prevention

## **Project Goal**

To describe the ways in which community-based organizations contribute to and use social capital in their work to improve community health.

## **Objectives**

- To understand community definitions of social capital.
- To describe the role of CBO's as sources of social capital.
- To consider the processes by which CBO's employ elements of social capital in organized efforts to improve community health.

¿Qué significa “Capital Social”?  
What does “Social Capital” mean?

¡La comunidad siempre ha entendido!  
The community has always understood.

## What is Social Capital?

- A multi-dimensional construct usually applied to describe communities and the relations among people who live there
- ...those specific processes among people & organizations, working collaboratively in an atmosphere of trust, that lead to accomplishing a goal of mutual social benefit. (Kreuter et. al., 2001)



## Ecological Levels of Social Capital

Micro- trust among individuals and social connections and participation

Mezzo- community trust in CBO's; creation and enforcement of social norms; intersection of social networks, community participation in programs and projects; community mobilization

Macro- trust across organizations with common ties (coalitions); linkages with larger society; new resources brought to community; mobilization across communities

## Role of Community-Based Organizations

- Level where issues are identified/framed
- Strategies are developed as a response to issues
- Space for social interaction
  1. Encourage participation via public debate
  2. Diverse leadership
- Mechanisms created for shared awareness among community members

Example: CBO'S create community programs

Arts and cultural programs can promote social capital as well as promote transformation of personal health by providing a familiar and interesting milieu for people to explore issues of importance to their lives.

Green & Haines (2002)

# The Importance of Social Capital

- Associated with better overall health  
(Rose, 2000; Wilkinson, 1996, 1997)
- Recognizes the importance of informal social interactions as having potential to engender trust and to communicate and enforce norms  
(Putnam, 1995)
- Makes group action possible e.g. Facilitates coordinated action among individuals  
(Coleman, 1990; Putnam, Leonardi & Nanetti, 1993)

## Methods

- Participatory model involving advisory board / CBO's in all phases of the science
- Advisory board nominated organizations (4) for the case studies based on criteria
- Multiple case study approach, using ethnographic methods
- Individual interviews of organization network members
- Incentives provided to both the organization and individuals

# Procedures

- Formation of Community Advisory Board
  - Established case study criteria
  - Develop instruments and interview manuals
- CBO background information
- Scheduled Semi-Structured Interview
- Data collection
  - Interviews with CBO affiliates
  - Tapes Transcribed
- Data entry
  - Text entered into Atlas.ti
  - Coded
  - Reliability Coded

## PRCC/ Vida SIDA Mission and Values



- Community self-determination
- Community self-actualization
- Community self-sufficiency
- Preservation of Culture
- “Vivir y ayudar a vivir”

# Vida SIDA

- Community-driven response to HIV crisis
- Federally funded
- Culturally tailored health education and testing services
  - Testing, peer education, outreach, condom distribution, advocacy, referrals
- Creating positive social norms about preventing and living with HIV

## Community Participation



### Involvement:

- “...It [VS] is a space that was created by the students of our high school.”

P2:11 (96:98)

### Efforts/Framing Partic., Involvement:

“...we always have youth involvement, when... we’re writing grants, or we’re creating murals, or... we’re doing posters. ...we usually always meet with them and say ‘Does this work for you?’ ...like when we’re developing outreach forms.”

P6:76 (1582:1588)



2002 Peoples Parade

# Organizational Characteristics

## Quality

“...a good CBO, just like a good political program, just like a good scientific undertaking, must ultimately be premised on some social reality that people are articulating and in that process that we learn from that and then from that and then we give back.”

P 2:39 (828:833)



Volunteer Neighborhood cleanup

“ How do you capture the essence of a CBO... I were to only assume that it's heart is the community. You know, and how, how to [do] you quantify that?”

P5:100 (2161:2183)

# Community Characteristics

## Resident Attribute:

- “...I think that's the case for a lot of people where it's really being a part of the community. Knowing more than just your neighbors but really taking the hand and cleaning it and helping others out some way or another. Being a familiar face.”

P5:17 (368:373)



## Resident Attribute, Assets:

- “I guess we just, you know, we know that as Puerto Ricans we're strong but as Puerto Ricans and Mexicans we're stronger.”

P6:46 (1003:1006)

# Organization Impact

## Trust:

- "...the community knows that [VS] has been here for a long time, and they know the faces [of] the workers. They know that although...I work at [VS], that I'm also in the neighborhood, that whether I'm working or I'm not working that I still say hello to them, I still ask them, 'how are you doing?'
- "...So I think that makes a big difference,...if someone knows that if they walk in at 6:00pm ....and I say I'm leaving and they say 'can I get some condoms before you leave?' I'm not going to leave. They know that I'll open the door up and give them the condoms. And that's the difference between this agency and any other agency that would be like 'Oh, sorry it's 6:00pm we're closed.'

P6:26 (693:713)

# Action for Change

## Defining Issues, Partnership, Advocacy:



- "...And for instance in the Parade...we're going to have the gay flag and ... we've always invited other Latino gay organizations to be a part of it. ...we've had obviously lots of people who have been a part of the Center who are gay or lesbian and being an intrinsic part of it. ...being visible and equal in the whole democratic process but trying also to make the community see that...it's also people in those other organizations are also willing to be seen in the community."

P5:89 (1961:1976)

## Process of Analysis/ Interpretation

- Creation of knowledge
- Iterative
- Researcher self reflection
- Triangulation of data
- Open ended process of analysis
- Collaborative, negotiated process

## Preliminary Findings

- Community **trust** is important for each organization but expressed differently across communities.
- **Consistency** with the community is important for creating and maintaining trustful relationships.
- **Shared history and experience** are vital for establishing community cohesion, a positive identity and social participation.

### Preliminary Findings (cont.)

- **Images, artistic expression, and visual symbols** are important mechanisms for disseminating messages to the community as well as fostering a community identity.
- **Cultural preservation** is seen as essential for maintaining a healthy community.
- Services are situated within a **cultural and spiritual context** as opposed to a governmental obligation or social welfare approach.

### Preliminary Findings (cont.)

- CBOs serve as vehicles that **bridge disparate individuals, groups, cultures, and organizations** that otherwise might not interact.
- Organizations take on a more human characteristic by exhibiting a **strong sense of responsibility** for the health and well-being of community members that extends beyond organizational programs and structure.
- CBOs **understand the social realities** that the community is articulating. They **transform** conflict and confusion into clarity and **critical awareness**.



## Limitations

- 1 case study
- Researcher-Community relationship
- Perspective of consumers and residents
- Cross-sectional look at org processes
- Categories constructed with ties to outside influence. National project limited flexibility in constructing local study domains.

## Value Added

- Recruitment of students from the community/Diaspora
- Generation of field placements
- Development of relationship with University of Puerto Rico
- Development of new collaborative intervention grants

## Implications for community based health promotion

- What seem to be indicators of social capital in a particular community setting? Can the community identify these indicators?
- Consider how social capital concepts could be useful in program design and evaluation.
- How might trust and community participation make a difference in program outcomes?
- In broader community change for health?

## Conclusion

- The locally relevant meaning of social capital was explored through qualitative inquiry.
- In the PRCC/ Vida SIDA programs, organizational qualities and community characteristics were especially important to understand how social capital can be used to address critical health issues in the community, while contributing to community betterment and development.
- An understanding of local SC concepts of trust, social connections, relationships & the role of CBOs in community life can contribute to effective practice and sustainability.

## APHA PRESENTATION

NOV. 19 12:45/SESSION 509110

FOR MORE INFORMATION  
ON:  
THE STUDY METHODS:  
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VIDA SIDA/ OR THE  
COMMUNITY:  
Alejandro Luis Molina  
Board of Directors  
Puerto Rican Cultural Center



alm1998@mindspring.com

## Selected References

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